

PRINTED: 08/05/2011
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1912	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/03/2011
NAME OF PROVIDER OR SUPPLIER IMPERIAL GARDENS HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE MADISON, TN 37115			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 000	Initial Comments During the annual Licensure survey and complaint investigation of #28481 conducted on August 1 to 3, 2011, at Imperial Gardens Health and Rehabilitation, no deficiencies were cited in relation to the complaint under 1200-8-6, Standards for Nursing Homes.	N 000			
N 415	1200-8-6-.04(10) Administration (10) When licensure is applicable for a particular job, verification of the current license must be included as a part of the personnel file. Each personnel file shall contain accurate information as to the education, training, experience and personnel background of the employee. Documentation that references were verified shall be on file. Documentation that all appropriate abuse registries have been checked shall be on file. Adequate medical screenings to exclude communicable disease shall be required of each employee. This Rule is not met as evidenced by: Based on employee record review, policy review, and interview, the facility failed to have documentation for reference verification for five (#1, #2, #3, #4, #5); failed to have documentation of a Hepatitis B vaccine acceptance/declination for one (#2); and failed to have documentation of the appropriate registry checks for three (#3, #4, #5) of five employee records reviewed. The findings included: Review of the record for employee #1 and #2, hired June 6, 2011; and employee #3, #4, and #5, hired June 14, 2011, revealed no documentation	N 415	N 415 Associates will have appropriate checks to be kept in their personnel file at all times. Associates # 1, # 2, # 3, # 4, # 5 personnel and medical files have been updated to include reference checks, background checks, Hepatitis B acceptance/declination, sex offender and Office of Inspector General (OIG) registry checks completed by the Nurse Educator and/or Human Resources Manager. (Attachment 14). A new HR Manager was hired on August 8, 2011 and has developed a system to ensure all required documentation has been completed and is on file. The Nurse Educator or designee obtains all medical information for new associates and the HR Manager obtains all personnel information on new associates. After all the information is obtained a checklist is completed and given to the Administrator or designee to assure files are up to date at all times. The HR Manager or designee tracks and trends associate information. The HR Manager reports the results of this tracking and trending to the QI Team composed of		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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N 415	Continued From page 1 of a reference verification. Review of the record for employee #2, hired June 6, 2011, revealed no documentation of a Hepatitis B acceptance/declination. Review of the record for employee #3, hired June 14, 2011, revealed no sex offender and Office of Inspector General (OIG) registry checks. Review of the record for employee #4 and employee #5, hired June 14, 2011, revealed no documentation of an abuse, sex offender or OIG registry checks. Review of the facility policy entitled Personnel Files revealed "...Policy: Personnel files will include items necessary...as prescribed by (facility) and/or regulatory bodies... Further review revealed "...Procedure: Personnel files contain the following:... Background Check 1. Abuse 2. OIG...4. Sex Offender Registry..." Interview on August 3, 2011, at 10:30 a.m., in the conference room, with the facility Staffing Coordinator confirmed a "...reference check was done on everyone before hire..." Further interview confirmed the Staffing Coordinator was responsible to obtain the abuse, sex offender and Office of Inspector General registry checks. Further interview confirmed the employee records did not contain documentation reference verification, Hepatitis B vaccine acceptance/declination and/or abuse, sexual offender and Office of Inspector general registry checks.	N 415	the Medical Director, DON, ADON, Administrator, Restorative Nurse, MDS Nurse, Therapy Manager, Dining Manager, Activity Manager, Nurse Educator, Medical Records and Human Resources Manager at the QI meetings held monthly but no less than quarterly.		
N 416	1200-8-6-.04(11)(a) Administration (11) All nursing homes shall initiate a criminal	N 416			

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N 416	Continued From page 2 background check on any person who is employed by the facility in a position which involves providing direct care to a resident or patient, prior to or within seven (7) days of employment. (a) Any person who applies for employment in a position which involves providing direct patient care to a resident in such a facility shall consent to: 1. Provide past work and personal references to be checked by the nursing home; and/or 2. Agree to release and use of any and all information and investigate records necessary for the purpose of verifying whether the individual has been convicted of a criminal offense in the state of Tennessee, to either the nursing home or its agent, to any agency that contracts with the state of Tennessee, to any law enforcement agency, or to any other legally authorized entity; and/or 3. Supply a fingerprint sample and submit to a state criminal history records check to be conducted by the Tennessee Bureau of Investigations, or a state and federal criminal history records check to be conducted by the Tennessee Bureau of Investigation and the Federal Bureau of Investigation; and/or 4. Release any information required for a criminal background investigation by a professional background screening organization or criminal background check service or registry.	N 416	N 416 Associates will have background checks in their files at all times. Criminal background checks will be completed within 7 days of employment by the HR Manager. Associates # 1, # 2, # 3, # 4, # 5 personnel and medical files have been updated to include background and are completed by the Nurse Educator and/or Human Resources Manager. (Attachment 14). A new HR Manager was hired on August 8, 2011 and has developed a system to ensure all required documentation has been completed and is on file. The Nurse Educator or designee obtains all medical information for new associates and the HR Manager obtains all personnel information on new associates. After all the information is obtained a checklist is completed and given to the Administrator or designee to assure files are up to date at all times. The HR Manager or designee tracks and trends associate information. The HR Manager reports the results of this tracking and trending to the QI Team composed of the Medical Director, DON, ADON, Administrator, Restorative Nurse, MDS Nurse, Therapy Manager, Dining Manager, Activity Manager, Nurse Educator, Medical Records and Human Resources Manager at the QI meetings held monthly but no less than quarterly.		

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STATE FORM

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N 416	Continued From page 3 This Rule is not met as evidenced by: Based on employee record review, policy review and interview, the facility failed to have documentation of a criminal background check for one (#4) of five employee records reviewed. The findings included: Review of the record for employee #4, hired June 14, 2011, providing direct resident care, revealed no documentation of a criminal background check. Review of the facility policy entitled Personnel Files revealed "...Policy: Personnel files will include items necessary...as prescribed by (facility) and/or regulatory bodies... Further review revealed "...Procedure: Personnel files contain the following:... Background Check..." Interview on August 3, 2011, at 10:30 a.m., in the conference room, with the facility Staffing Coordinator confirmed employee #4's record did not contain a criminal background check.	N 416			
N 519	1200-8-6-.05(6) Admissions, Discharges, and Transfers (6) The facility shall ensure that no person on the grounds of race, color, national origin, or handicap, will be excluded from participation in, be denied benefits of, or otherwise subjected to discrimination in the provision of any care or service of the facility. The facility shall protect the civil rights of residents under the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973.	N 519	N 519 The Administrator will have a self- evaluation of Title VI and Section 504 program on or before September 2, 2011. This will be kept on file at the facility at all times.		

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N 519	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on review of the facility's self-evaluation of the Title VI and Section 504 program, review of CHAPTER 1200-8-16 CIVIL RIGHTS COMPLIANCE RULES AND REGULATIONS, and interview, the facility failed to conduct a self-evaluation of the Title VI and Section 504 program.</p> <p>The findings included:</p> <p>Review of the facility documentation and revealed the facility had not conducted a self-evaluation of the facility's program addressing Title VI and Section 504 in the past year.</p> <p>Review of CHAPTER 1200-8-16-.02(14) CIVIL RIGHTS COMPLIANCE RULES AND REGULATIONS revealed the facility "...Shall maintain and make available to the OCRC for the purpose of demonstrating compliance and upon request, all data and information necessary to determine the facility's compliance with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973. Such statistical data shall include racial and ethnic data showing the extent to which minority and handicapped individuals participate in the facility's services and programs..."</p> <p>Interview with the Administrator and Quality Improvement Coordinator on August 3, 2011, at 11:40 a.m., in the Admissions office, confirmed the facility had not conducted a self-evaluation of the Title VI and Section 504 program in the past year.</p>	N 519			